



Wisconsin Department of Agriculture, Trade and Consumer Protection  
 Division of Agricultural Resource Management Division  
 Bureau of Agrichemical Management  
 PO Box 93193  
 Milwaukee, WI 53293-0193  
 (608) 224-4548

**FOR OFFICE USE ONLY**

License No. \_\_\_\_\_

Date Received: \_\_\_\_\_

Check Number: \_\_\_\_\_

## WISCONSIN 2012

### Individual Commercial Pesticide Applicator License Application for the year ending 2012

Section 94.704, Wis. Stats. and ATCP 29.25, Wis. Adm. Code

Applicant Name and Home Address	Employer / Sole Proprietor Name and Address
Full Legal Name:	Legal Business Name:
Home Address:	Address:
City:                      County:      State:      Zip:	City:                      State:      Zip:
Home Telephone Number:	Business Telephone Number:
Applicator Certification Number (From Certification Card)	Commercial Applicators FOR-HIRE ONLY Business Location License Number: (Consult your Employer)
Applicator Certification Expiration Date:	93 -

**Individual Commercial Applicator License Requirements:****Individual Commercial Pesticide Applicator License is required of any person who does any of the following:**

- (1) Personally uses or directs the use of **ANY** pesticide as a commercial applicator **FOR-HIRE**.
- (2) Personally uses a **RESTRICTED-USE** pesticide as a commercial applicator.
- (3) Directs the use of a pesticide by a person specified under (1) or (2).

Note: "Use" includes applying, mixing, loading, and disposal of Restricted-Use pesticides.

**All licensed commercial applicators (including mixer/loaders) must be certified in the appropriate pest control categories.****Fee Due**

Individual Commercial Applicator License Fee (Includes an Agricultural Chemical Cleanup surcharge of \$14.00)..... **\$54\***  
**If you held the individual applicator license in 2011, an \$8.00 late fee applies if paid after 12/31/2011.**

AMOUNT ENCLOSED \$ \_\_\_\_\_

Note: Employees of governmental or educational institutions are exempt from the **\$54 fee** if applications of pesticides are made  
**ONLY** as part of their employment. **Completion of this form is required.**

**IMPORTANT: LICENSES ARE NON-TRANSFERABLE AND EXPIRE ANNUALLY ON DECEMBER 31.**  
**LICENSE FEES ARE NON-REFUNDABLE.**

**Completion of this application and payment of the appropriate license fee is required before a license will be issued.****Mail this form and the Fee to: State of Wisconsin, DATCP, Box 93193, Milwaukee, WI 53293-0193****Make check payable to: Wisconsin Department of Agriculture, Trade and Consumer Protection (WDATCP)****Affirmation:** I hereby certify that the information submitted on this form and any attached pages are complete and accurate.

CERTIFIED APPLICATOR SIGNATURE

MONTH

DAY

YEAR

**X**

Personal information you provide may be used for purposes other than that for which it was originally collected (sec. 15.04(1)(m), Wis. Stats).  
 The department will issue a decision on the application within 30 business days.

**Make a photocopy of this application to serve as a receipt for your records**